Schedule E)	PAGE 1 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	C C00569905
Check if 24-hour report 48-hour report New report Amends report	t filed on
Full Name of Payee CAMPAIGN FUNDING DIRECT	Date of Public Distribution/Dissemination
	10 31 2016
Mailing Address 1420 SPRING HILL ROAD	Amount
SUITE 490 City State Zip Code	1818.25
MCLEAN VA 22102	Transaction ID : SE24.93628 Date of Disbursement or Obligation
Purpose of Expenditure AGENCY FEES - CONSULTING - DIRECT MAIL Category/ Type 004	11 08 2016
Name of Federal Candidate Support	Office Sought: House District:
TRUMP, DONALD, , ,	resident Senate State:
Odichdal roal to bato	Disbursement For: Primary ■ General 2016 Other (specify) ■
Full Name of Payee	Date of Public Distribution/Dissemination
CAMPAIGN FUNDING DIRECT	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD	Amount
SUITE 490	Amount
City State Zip Code MCLEAN VA 22102	1818.25 Transaction ID : SE24.93629
Purpose of Expenditure ACENCY FEES CONCULTING DIRECT MAIL Category/	Date of Disbursement or Obligation
AGENCY FEES - CONSULTING - DIRECT MAIL Type 004	11 08 2016
CLINITON LIII LADV	Office Sought: House District:
CLINTON, HILLARY, , ,	▼ President Senate State:
	Disbursement For: Primary Quite Security Other (specify) Ot
(a) SUBTOTAL of Itemized Independent Expenditures	3636.50
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Frank, Robert, , , [Electronically Filed] Date	11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	C C00569905
	0
check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee COLORTREE GROUP, INC.	Date of Public Distribution/Dissemination
COLORTREE GROOF, INC.	10 31 2016
Mailing Address 8000 VILLA PARK DRIVE	Amount
City State Zip Code	1178.89
RICHMOND VA 23228	Transaction ID : SE24.93630 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - PRINTING Category/ Type 004	11 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
COLORTREE GROUP, INC.	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8000 VILLA PARK DRIVE	Amount
City State Zip Code	1178.89
RICHMOND VA 23228	Transaction ID : SE24.93631 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - PRINTING Category/ Type 004	11 08 2016
Name of Federal Candidate Support Office	e Sought: House District:
CLINTON, HILLARY, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut	
	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2357.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
	1 10 2016
Signature	

Schedule E)	PAGE 3 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼
The 2016 Committee	C00569905
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Date of Pu	ublic Distribution/Dissemination
ECG DATA CENTER	/ 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD Amount	
SUITE 490	
City State Zip Code	150.00
Date of Dis	on ID : SE24.93632 sbursement or Obligation
Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE Category/ Type 004 11	08 7 2016
Name of Federal Candidate X Support Office Sought:	House District:
TRUMP, DONALD, , , Oppose President	Senate State:
Calendar Year-To-Date Disbursement For	
Per Election for Office Sought 1051293.56 2016	(specify) ▶
Full Name of Payee Date of Pu	ublic Distribution/Dissemination
LOG DATA CENTER 10	31 2016
Mailing Address 1420 SPRING HILL ROAD Amount	
SUITE 490	
City State Zip Code	150.00
	n ID : SE24.93633 sbursement or Obligation
Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE Category/ Type 004	
Name of Federal Candidate Support Office Sought:	House District:
CLINTON, HILLARY, , ,	Senate State:
Per Election for Office Sought 1051293.56 2016	(specify) ►
(a) CURTOTAL of Itarriand Independent Forestillitures	
(a) SUBTOTAL of Itemized Independent Expenditures	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	
	45 45
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Frank, Robert, , , [Electronically Filed] Date 11 10	
Signature [Electronically Filed] Date 11	0 2016

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	
	C C00569905
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
ECG DATÁ CENTER	M = M / D = D / Y = Y = Y
Mailing Address 1420 SPRING HILL ROAD	10 31 2016 Amount
SUITE 490	Amount
City State Zip Code	722.38
MCLEAN VA 22102	Transaction ID : SE24.93634 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE Category/ Type 004	11 08 / Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, , , Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary ☐ Primary ☐ General ☐ Other (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Full Name of Payee ECG DATA CENTER	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD	10 31 2010
SUITE 490	Amount
City State Zip Code	722.38
MCLEAN VA 22102	Transaction ID : SE24.93635 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE Category/ Type 004	11 08 2016
Name of Federal Candidate Support Office	e Sought: House District:
CLINTON, HILLARY, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1444.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Frank, Robert, , , [Electronically Filed] Date	1 10 2016
Orginatalo	

Schedule E)	I EXI END			PAGE 5 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
The 2016 Committee				C C00569905
Check if 24-hour report X 48-hour report	X New rep	ort Amend	s report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee INTERNATIONAL DATA MANAGE	MENT			Date of Public Distribution/Dissemination
Mailing Address 490 WHITE POND DRIVE				10 31 2016 Amount
City	State	Zip Code		804.19
AKRON	OH	44320		Transaction ID : SE24.93636 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type	004	11 08 7 2016
Name of Federal Candidate		x Supp	ort Offic	ce Sought: House District:
TRUMP, DONALD, , ,		Орро		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	1051293.56	Disl 201	oursement For: Primary General Other (specify)
Full Name of Payee				Date of Public Distribution/Dissemination
INTERNATIONAL DATA MANAGEME	=N I			10 31 2016
Mailing Address 490 WHITE POND DRIVE				
				Amount
City	State	Zip Code		804.19
AKRON	ОН	44320		Transaction ID : SE24.93637 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type	004	11 08 2016
Name of Federal Candidate		Supp	oort Offi	ce Sought: House District:
CLINTON, HILLARY, , ,		X Oppo	ose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	1051293.56	Dis 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	98			1608.38
(b) SUBTOTAL of Unitemized Independent Expendit	ures		·····	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			·····	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Frank, Robert, , ,	[Electron	nically Filed]	Date	11 10 2016
Signature			_	

Schedule E)	T EXI END	TIONES		PAGE 6 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
The 2016 Committee			С	C00569905
Check if 24-hour report 🗶 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee INTERNATIONAL DATA MANAGE	MENT		M = M	blic Distribution/Dissemination
Mailing Address 490 WHITE POND DRIVE			10 Amount	31 2016
City	State	Zin Codo		60.00
AKRON	OH	Zip Code 44320		60.00 on ID: SE24.93638 sbursement or Obligation
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/ Type 004	M 1 M	08 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
TRUMP, DONALD, , ,		Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	1051293.56	Disbursement For 2016 Other	r: Primary x General (specify) ▶
Full Name of Payee INTERNATIONAL DATA MANAGEM	ENT			ublic Distribution/Dissemination
Mailing Address 490 WHITE POND DRIVE			10	31 / 2016
450 WIII E I SIND DIKWE			Amount	
City	State	Zip Code		60.00
AKRON	ОН	44320		n ID : SE24.93639 sbursement or Obligation
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/ Type 004	11	/ 08 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
CLINTON, HILLARY, , ,		x Oppose	x President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	1051293.56	Disbursement For 2016 Other	r: Primary ✗ General (specify) ▶
(a) CURTOTAL of Hamizad Indopendent Europeditus				
(a) SUBTOTAL of Itemized Independent Expenditure	es			120.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Frank, Robert, , ,	[Electron	nically Filed] Date	M M / D	
Signaturo				

Schedule E)	INI EXI ENI	SITUILS	PAGE 7 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
The 2016 Committee			C C00569905
Check if 24-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee INTERNATIONAL DATA MANAG	SEMENT		Date of Public Distribution/Dissemination
Mailing Address 490 WHITE POND DRIVE			10 31 2016 Amount
City	State OH	Zip Code 44320	702.65 Transaction ID : SE24.93626
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate TRUMP, DONALD, , ,		✗ Support	Office Sought: House District:
Calendar Year-To-Date		Oppose 1051202 FC	Disbursement For: Primary General 2016
Per Election for Office Sought Full Name of Payee		1051293.56	Other (specify) ▶ Date of Public Distribution/Dissemination
INTERNATIONAL DATA MANAGE Mailing Address 490 WHITE POND DRIVE	MENT		10 31 2016
490 WHITE POND DRIVE			Amount
City AKRON	State OH	Zip Code 44320	702.65 Transaction ID : SE24.93627 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	11 08 2016
Name of Federal Candidate CLINTON, HILLARY, , ,		Support	Office Sought: House District:
Calendar Year-To-Date		V Oppose	✗ President Senate State: Disbursement For: Primary ✗ General
Per Election for Office Sought		1051293.56	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		• 1405.30
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Frank, Robert, , , Signature	[Electro	onically Filed] Date	e 11 10 / 2016

Schedule E)	PAGE 8 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	C C00569905
Check if 24-hour report 48-hour report New report Amends report f	filed on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
OMEGA LIST COMPANY	08 / 23 / 2016
Mailing Address 1420 SPRING HILL ROAD	Amount
SUITE 490	
City State Zip Code MCLEAN VA 22102	2976.01 Transaction ID : SE24.93640
	Date of Disbursement or Obligation
Purpose of Expenditure ONLINE ADVERTISING Category/ Type 004	11 08 7 2016
Name of Federal Candidate	Office Sought: House District:
TRUMP, DONALD, , , Oppose	President Senate State:
	bisbursement For: Primary X General
	016
Full Name of Payee	Date of Public Distribution/Dissemination
OMEGA LIST COMPANY	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD	08 23 2010
SUITE 490	Amount
City State Zip Code	2976.01
MCLEAN VA 22102	Transaction ID : SE24.93641 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE ADVERTISING Category/ Type 004	11 08 7 2016
Name of Federal Candidate Support C	Office Sought: House District:
CLINTON, HILLARY, , ,	President Senate State:
	Disbursement For: Primary General
Total Elisation Total Children Goodgill	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	5952.02
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Frank, Robert, , , [Electronically Filed] Date	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	OHEO	PAGE 9 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
The 2016 Committee		C C00569905
Check if 24-hour report X 48-hour report X New report	Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
OMEGA LIST COMPANY		08 / 23 / 2016
Mailing Address 1420 SPRING HILL ROAD		Amount
SUITE 490		
	ip Code	531.50
	22102	Transaction ID: SE24.93642 Date of Disbursement or Obligation
Purpose of Expenditure LIST RENTAL EXPENSES	Category/ Type 004	11 08 2016
Name of Federal Candidate	✗ Support Office	Sought: House District:
TRUMP, DONALD, , ,		President Senate State:
Calendar Year-To-Date		rsement For: Primary X General
Per Election for Office Sought	051293.56 2016	Other (specify) >
Full Name of Payee		Date of Public Distribution/Dissemination
OMEGA LIST COMPANY		08
Mailing Address 1420 SPRING HILL ROAD		
SUITE 490		Amount
City State Z	ip Code	531.49
	22102	Transaction ID : SE24.93643 Date of Disbursement or Obligation
Purpose of Expenditure LIST RENTAL EXPENSES	Category/ Type 004	11 08 2016
Name of Federal Candidate	Support Office	Sought: House District:
CLINTON, HILLARY, , ,		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbut 051293.56 2016	rsement For: Primary General
To Election to office dought		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	1062.99
(b) SUBTOTAL of Unitemized Independent Expenditures	····	7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
Frank, Robert, , , [Electronica	ally Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	PAGE 10 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	C C00569905
Check if 24-hour report 48-hour report New report An	nends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
OMEGA LIST COMPANY	09 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD	Amount
SUITE 490	
City State Zip Code	1120.00
MCLEAN VA 22102	Transaction ID : SE24.93644 Date of Disbursement or Obligation
Purpose of Expenditure LIST RENTAL EXPENSES Category/ Type	
Name of Federal Candidate	Support Office Sought: House District:
TRUMP DONALD	Oppose
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought	2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
OMEGA LIST COMPANY	09 26 2016
Mailing Address 1420 SPRING HILL ROAD	09 26 2016
SUITE 490	Amount
City State Zip Code	1120.00
MCLEAN VA 22102	Transaction ID : SE24.93645 Date of Disbursement or Obligation
Purpose of Expenditure LIST RENTAL EXPENSES Category/ Type	
Name of Federal Candidate	Support Office Sought: House District:
CLINITON HILLARY	Oppose
Calendar Year-To-Date Per Election for Office Sought 1051293.56	Disbursement For: Primary General 2016
Tel Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2240.00
(b) SUBTOTAL of Unitemized Independent Expenditures	···············
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Frank, Robert, , , [Electronically Filed] Signature	Date 11 10 2016
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Schedule E)				PAGE 11 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
The 2016 Committee			С	C00569905
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee OMEGA LIST COMPANY			Date of Publ	ic Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD			09 Amount	29 2016
SUITE 490			Amount	
City MCLEAN	State VA	Zip Code 22102		1260.88 ID : SE24.93646
Purpose of Expenditure LIST RENTAL EXPENSES		Category/ Type 004	Date of Disb	ursement or Obligation / 08 / 2016
Name of Federal Candidate		Commont.	Office Country	Have District
TRUMP, DONALD, , ,		Support Oppose	Office Sought: President	House District: Senate State:
Calendar Year-To-Date Per Election for Office Sought		1051293.56	Disbursement For: 2016 Other (s	Primary ✗ General pecify) ▶
Full Name of Payee OMEGA LIST COMPANY			Date of Publ	ic Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD			Amount	
SUITE 490	State	Zip Code		1260.88
MCLEAN	VA	22102		D: SE24.93647 pursement or Obligation
Purpose of Expenditure LIST RENTAL EXPENSES		Category/ Type 004	11	08 / 2016
Name of Federal Candidate		Support	Office Sought:	House District:
CLINTON, HILLARY, , ,		x Oppose	x President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		1051293.56	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			2521.76
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· ·	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Frank, Robert, , ,	[Electron	nically Filed] Date	e 11 / 10	2016
Signature				

Schedule E)	.0	PAGE 12 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
The 2016 Committee		C C00569905
Check if 24-hour report 🗶 48-hour report 🗶 New report	Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee OMEGA LIST COMPANY	Date	of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD	L	09 29 2016
SUITE 490	Amo	unt
City State Zip Code MCLEAN VA 22102		122.61 saction ID : SE24.93648
Purpose of Expenditure LIST RENTAL EXPENSES Categ	Date	of Disbursement or Obligation
LIST RENTAL EXPENSES	ype 004	11 08 2016
	Support Office Soug	ht: House District:
TRUMP, DONALD, , ,	Oppose x Presid	
Calendar Year-To-Date Per Election for Office Sought 105129	Disburseme 2016	nt For: Primary ★ General Other (specify) ►
Full Name of Payee OMEGA LIST COMPANY	Date	of Public Distribution/Dissemination
Mailing Address	[M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUITE 490	Amo	unt
City State Zip Co	de	122.61
MCLEAN VA 22102		saction ID : SE24.93649 of Disbursement or Obligation
Purpose of Expenditure LIST RENTAL EXPENSES Categ	ory/ ype 004	11 08 2016
Name of Federal Candidate	Support Office Soug	ht: House District:
CLINTON, HILLARY, , ,	X Oppose X Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disburseme 2016	ent For: Primary X General Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	······	245.22
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· _	7
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Frank, Robert, , , [Electronically File	[ed] Date 11	10 2016
Signature		

Schedule E)	EXI EIID					PAGE 13 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
The 2016 Committee					C	C00569905
Check if 24-hour report 🗶 48-hour report	X New repo	ort Ame	ends repo		M /	D = D / Y = Y = Y = Y
Full Name of Payee OMEGA LIST COMPANY					of Public	Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD				Amou	10	11 2016
SUITE 490						
City MCLEAN	State VA	Zip Code 22102				590.10 D : SE24.93650
Purpose of Expenditure LIST RENTAL EXPENSES		Category/ Type	004		11 DISDU	rsement or Obligation 08 2016
Name of Federal Candidate		<u> </u>	`	Office Sough	<u>.</u>	House District:
TRUMP, DONALD, , ,			Support Oppose	reside		House
Calendar Year-To-Date Per Election for Office Sought	7 7	1051293.56		Disbursemen 2016 O	t For: ther (sp	Primary ✗ General ecify) ▶
Full Name of Payee OMEGA LIST COMPANY					of Public	Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD				Amou	10	11 2016
SUITE 490				Amou		
City MCLEAN	State VA	Zip Code 22102				590.10 D: SE24.93651 ursement or Obligation
Purpose of Expenditure LIST RENTAL EXPENSES		Category/ Type	004	Date	11	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<u>'</u>	Support	Office Sough	t:	House District:
CLINTON, HILLARY, , ,			Oppose	X Preside	_	Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	1051293.56		Disbursemen 2016		Primary X General secify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$			>	-	1180.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			•		4
(c) TOTAL Independent Expenditures				•		7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
Frank, Robert, , ,	[Electron	ically Filed]	Date	M M /	10	2016
Signature						

Schedule E)	PAGE 14 OF 21 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
The 2016 Committee	C C00569905				
Check if 24-hour report 48-hour report New report Amends	report filed on				
Full Name of Payee OMEGA LIST COMPANY	Date of Public Distribution/Dissemination				
Mailing Address 1420 SPRING HILL ROAD	10 26 2016				
SUITE 490	Amount				
City State Zip Code	77.50				
MCLEAN VA 22102	Transaction ID : SE24.93652 Date of Disbursement or Obligation				
Purpose of Expenditure LIST RENTAL EXPENSES Category/ Type	004 11 / D D / Y Y Y Y Y Y Y				
Name of Federal Candidate Suppo	ort Office Sought: House District:				
TRUMP, DONALD, , , Oppos	Se President Senate State:				
Calendar Year-To-Date Per Election for Office Sought 1051293.56	Disbursement For: Primary 2016 Primary Control General Other (specify) ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
Full Name of Payee	Date of Public Distribution/Dissemination				
OMEGA LIST COMPANY	10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1420 SPRING HILL ROAD	Amount				
SUITE 490					
City State Zip Code	77.50				
MCLEAN VA 22102	Transaction ID : SE24.93653 Date of Disbursement or Obligation				
Purpose of Expenditure LIST RENTAL EXPENSES Category/ Type	004 11 08 2016				
Name of Federal Candidate Suppo	ort Office Sought: House District:				
CLINTON, HILLARY, , ,	se 🛛 President Senate State:				
Calendar Year-To-Date Per Election for Office Sought 1051293.56	Disbursement For: Primary				
(a) SUBTOTAL of Itemized Independent Expenditures					
C, and an analysis of the control of	100.00				
(b) SUBTOTAL of Unitemized Independent Expenditures	······· >				
(c) TOTAL Independent Expenditures	······· >				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Frank, Robert, , , [Electronically Filed] Signature	Date 11 10 2016				
orginature					

Schedule E)	. EXI END	II OILEO		PAGE 15 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			-	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee				C C00569905
Check if 24-hour report x 48-hour report	X New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee PROGRESS PRINTING PLUS			М	Public Distribution/Dissemination
Mailing Address 2677 WATERLICK ROAD			Amoun	10 31 2016 t
City	State	Zip Code	-	2524.94
LYNCHBURG	VA	24502		ction ID : SE24.93654 Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004		11 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	House District:
TRUMP, DONALD, , ,		Oppose	✗ Presider	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	1051293.56	Disbursement 2016 Oth	For: Primary General mer (specify) ■
Full Name of Payee				f Public Distribution/Dissemination
PROGRESS PRINTING PLUS				M / D D / Y Y Y Y
Mailing Address 2677 WATERLICK ROAD				10 31 2016
			Amoun	t
City	State	Zip Code		2524.94
LYNCHBURG	VA	24502		tion ID : SE24.93655 f Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004		11 / 08 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
CLINTON, HILLARY, , ,		Oppose	x Preside	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	1051293.56	Disbursement 2016 Otl	For: Primary X General ner (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	5049.88
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 7 7
(c) TOTAL Independent Expenditures			· ·	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Frank, Robert, , ,	[Electron	nically Filed] Date	e 11	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Sc	hedule E)	ENDENT EXPEND	ITOTILS		PAGE 16 OF 21 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Tł	ne 2016 Committee				C C00569905
Che	eck if 24-hour report X 48-hour	report New report	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
T	Full Name of Payee RST MARKETING			Date of	Public Distribution/Dissemination
ŀ	Mailing Address 1272 CORPORATE PA	 RK ROAD		1 Amount	
ŀ	City	State	Zip Code		1722.89
	FOREST	VA	24551		ction ID : SE24.93656 Disbursement or Obligation
	Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	M 1	1 08 7 2016
ı	Name of Federal Candidate		✗ Support	Office Sought:	House District:
	TRUMP, DONALD, , ,		Oppose	✗ Presiden	t Senate State:
	Calendar Year-To-Date Per Election for Office Sought		1051293.56	Disbursement 2016 Oth	For: Primary x General er (specify) ▶
ſ	Full Name of Payee			Date of	Public Distribution/Dissemination
	RST MARKETING			1	0 31 2016
١	Mailing Address 1272 CORPORATE F	'ARK ROAD		Amount	
ŀ	City	State	Zip Code		1722.89
	FOREST	VA	24551		tion ID : SE24.93657 Disbursement or Obligation
	Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	M 1	
ľ	Name of Federal Candidate		Support	Office Sought:	House District:
L	CLINTON, HILLARY, , ,		x Oppose	✗ Presiden	t Senate State:
	Calendar Year-To-Date Per Election for Office Sought		1051293.56	Disbursement 2016 Oth	For: Primary X General er (specify) ▶
	a) SUBTOTAL of Itemized Independent	Expenditures			3445.78
`		•			7 7 7
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		·· •	7 7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 0
٧	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Frank, Robert, , ,	[Electron	ically Filed] Date		10 / 2016

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
I	he 2016 Committee	C C00569905
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	SISK FULFILLMENT SERVICES	10 21 2016
	Mailing Address 1900 INDUSTRIAL PARK DRIVE	Amount
	City State Zip Code	162.41
	FREDERICKSBURG MD 21632	Transaction ID : SE24.93658 Date of Disbursement or Obligation
	Purpose of Expenditure DIRECT MAIL - PRINTING Category/ Type 004	11 08 2016
	Name of Federal Candidate Support Office	e Sought: House District:
	TRUMP DONALD	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbrace 1051293.56 2016	ursement For: Primary General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee SISK FULFILLMENT SERVICES	Date of Public Distribution/Dissemination
	Mailing Address 1900 INDUSTRIAL PARK DRIVE	10 21 2016 Amount
	City. Chale 7in Code	100 10
	City State Zip Code FREDERICKSBURG MD 21632	162.40 Transaction ID : SE24.93659
	Purpose of Expenditure DIRECT MAIL - PRINTING Category/ Type 004	Date of Disbursement or Obligation 11 08 2016
	Туре	2010
	0.13.750.1.13.1.453.4	e Sought: House District:
	CLINTON, HILLARY, , ,	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	324.81
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE 17

OF

21

PAGE 21 OF 18 FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ The 2016 Committee C00569905 **✗** 48-hour report X New report Amends report filed on Check if 24-hour report Full Name of Payee Date of Public Distribution/Dissemination SISK FULFILLMENT SERVICES 2016 10 31 Mailing Address 1900 INDUSTRIAL PARK DRIVE Amount State Zip Code City 17.50 MD 21632 Transaction ID: SE24.93660 **FREDERICKSBURG** Date of Disbursement or Obligation Purpose of Expenditure Category/ **DIRECT MAIL - POSTAGE** 004 11 80 2016 Type Name of Federal Candidate Office Sought: **✗** Support House District: TRUMP, DONALD, , , Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 2016 1051293.56 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination SISK FULFILLMENT SERVICES 2016 Mailing Address 1900 INDUSTRIAL PARK DRIVE Amount City State Zip Code 17.50 **FREDERICKSBURG** MD Transaction ID: SE24.93661 21632 Date of Disbursement or Obligation Purpose of Expenditure Category/ DIRECT MAIL - POSTAGE 004 2016 11 80 Type Name of Federal Candidate Support Office Sought: House District: CLINTON, HILLARY, , , X Oppose **X** President Senate State: . Disbursement For: Primary **✗** General Calendar Year-To-Date 2016 1051293.56 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 35.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Frank, Robert, , , [Electronically Filed] 10 2016 Date Signature

			FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
rne	2016 Committee		C C00569905
Check	if 24-hour report X 48-hour report N New re	eport Amends report file	d on
Fu	II Name of Payee		Date of Public Distribution/Dissemination
۱۷	VEBSTER, CHAMBERLAIN, & BEAN		10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 1747 PENNSYLVANIA AVENUE NW		Amount
Cit	v State	Zip Code	2803.75
W	ASHINGTON DC	20006	Transaction ID : SE24.93662 Date of Disbursement or Obligation
	rpose of Expenditure EGAL FEES	Category/ Type 004	11
Na	me of Federal Candidate	Support Office	ce Sought: House District:
TI	RUMP, DONALD, , ,	Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	1051293.56 Disk	
-	II Name of Payer		Other (specify)
	II Name of Payee VEBSTER, CHAMBERLAIN, & BEAN		Date of Public Distribution/Dissemination 10 21 2016
Ma	ailing Address 1747 PENNSYLVANIA AVENUE NW		Amount
Ci	ty State	Zip Code	2803.75
٧	/ASHINGTON DC	20006	Transaction ID : SE24.93663 Date of Disbursement or Obligation
	rrpose of Expenditure EGAL FEES	Category/ Type 004	11 08 2016
	ame of Federal Candidate	Support Office	ce Sought: House District:
С	LINTON, HILLARY, , ,	X Oppose X	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	1051293.56 Dist 201	oursement For: Primary General Other (specify)
(a)	SUBTOTAL of Itemized Independent Expenditures	·····	5607.50
(b)	SUBTOTAL of Unitemized Independent Expenditures	·····	
(c)	TOTAL Independent Expenditures	·····	
with	er penalty of perjury I certify that the independent expenditure, or at the request or suggestion of, any candidate or authorize y committee) any political party committee or its agent.		
	Frank, Robert, , , [Electro	onically Filed] Date	11 10 2016
•	Signature		

PAGE

OF

21

Schedule E)	VI EXI END	ITOTILO		PAGE 20 OF 21 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
The 2016 Committee				C C00569905	
Check if 24-hour report 🗶 48-hour report	X New rep	ort Amends repo		M / D D / Y Y Y Y Y	
Full Name of Payee			Date of	of Public Distribution/Dissemination	
ZIP MAILING SERVICES, INC.			М	10 / 21 / 2016	
Mailing Address 6304 SHERIFF ROAD			Amou	nt	
SUITE Z					
City	State	Zip Code	Tuess	1247.63	
LANDOVER	MD	20785		action ID : SE24.93664 of Disbursement or Obligation	
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	М	11 08 / 2016	
Name of Federal Candidate		✗ Support	Office Sough	t: House District:	
TRUMP, DONALD, , ,		Oppose	X Preside		
Calendar Year-To-Date			Disbursemen	t For: Primary X General	
Per Election for Office Sought		1051293.56	2016 O	ther (specify) •	
Full Name of Payee			Date of	of Public Distribution/Dissemination	
ZIP MAILING SERVICES, INC.			M	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 6304 SHERIFF ROAD				لىننىا لىا ك	
SUITE Z			Amou	nt	
City	State	Zip Code		1247.63	
LANDOVER	MD	20785		ction ID : SE24.93665 of Disbursement or Obligation	
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	M	11 08 7 2016	
Name of Federal Candidate		Support	Office Sough	t: House District:	
CLINTON, HILLARY, , ,		x Oppose	X Preside	ent Senate State:	
Calendar Year-To-Date Per Election for Office Sought		1051293.56	Disbursemen 2016		
	, ,		0	ther (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditu	res		• [2495.26	
a					
(b) SUBTOTAL of Unitemized Independent Expend	itures		. •	7 1 7 1 7	
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Frank, Robert, , ,	[Electron	ically Filed] Date	11	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					

Schedule E)	DENT EXICIO	ITOTILO		PAGE 21 OF 21 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼	
The 2016 Committee			C	C00569905	
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y	
Full Name of Payee			Date of Publi	c Distribution/Dissemination	
ZIP MAILING SERVICES, INC	·•		10	26 2016	
Mailing Address 6304 SHERIFF ROAD SUITE Z			Amount		
	Chaha	7:n Cada		20.00	
City LANDOVER	State MD	Zip Code 20785		32.68 ID : SE24.93666	
Purpose of Expenditure				ursement or Obligation	
DIRECT MAIL - POSTAGE		Category/ Type 004	11	08 / 2016	
Name of Federal Candidate		✗ Support	Office Sought:	House District:	
TRUMP, DONALD, , ,		Oppose	x President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought		1051293.56	Disbursement For: 2016 Other (sp	Primary X General Decify) ▶	
Full Name of Payee			Date of Publi	ic Distribution/Dissemination	
ZIP MAILING SERVICES, INC.			M M M 10	26 2016	
Mailing Address 6304 SHERIFF ROAD			Amount		
SUITE Z			Amount		
City	State	Zip Code		32.67	
LANDOVER	MD	20785		D: SE24.93667 ursement or Obligation	
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	11	08 2016	
Name of Federal Candidate		Support	Office Sought:	House District:	
CLINTON, HILLARY, , ,		X Oppose	✗ President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought		1051293.56	Disbursement For: 2016 Other (s	Primary X General	
	, ,		Other (3		
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	65.35	
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•		
(c) TOTAL Independent Expenditures			•	41253.49	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Frank, Robert, , ,	[Electron	ically Filed] Date	11 / 10	2016	
S.griataro					